

NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY:

FACILITY LICENSE NUMBER:

EFFECTIVE DATE OF LICENSE:

LICENSE CAPACITY:

STATUS:

FACILITY TYPE:

LICENSEE NAME(S):

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS:

A. _____ B. _____ C. _____

D. _____ E. _____ F. _____

DATE OF CONFERENCE:

LICENSING PROGRAM ANALYST:

LICENSING PROGRAM MANAGER:

Present at meeting:

NAME**TITLE**

This Noncompliance Conference was called to discuss the following issues or deficiencies:

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[illegible]

As the licensee, I understand and will comply with the plan of action described on this form.

DATE:

DATE: _____